State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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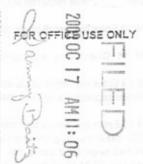
COMMITTEE INFORMATION		
Full name of committee (as on Statement of Organization) Check if this is a new name	The second of the second of the	ACCOUNT AND THE RESERVE OF
Committee to ICE-elect, lack	. Hart	
and the state of t	ee telephone number	In the second
(3)	1 36 1 30	10
4. Mailing address (address where all campaign finance correspondence is received) Check if this is a	new address	
5. City, state, ZIP gode 6. Party af	Product Management	
Wastfield IN 46074 1	Republican	MANCHETRA HA SHIT ZI A Minindon - notice a saci
CANDIDATE INFORMATION (For Candidate's Con	nmittees Only).	中國可能在一个企
	Miliation or if independent	FEETH T SHOW THE RISK ENGLISHED AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PART
9. Office sought (Include district number, if any. Not required for exploratory committee.) 10. County	of residence	
Westfield Town Council-Districts	Hamilton	
TYPE OF REPORT	CONVENTION	CANDIDATES ONLY
11. Check one:	Check one:	Edit Bot Villago Title
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 20 must be	Pre-Convention	1
Outgoing Treasurer (within 10 days amend Statement of Organization)	Posi-Convention	n
12. Reporting period: From: 17 April 2003 Through: 10 October 2003	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1 0	
14. Cash on hand and investments January 1, current year.	建设一	-0
CONTRIBUTIONS AND RECEIPTS		1
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		与通信器等 - X - 2
15a. Itemized (use Schedule A)	1250	1750
15b. Unitemized	175	175
15c. Add lines 15a, and 15b in both columns SUBTOTA	1.10	140
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL EXPENDITURES	146	
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	614-101	614.691
17b. Uniterrized	-0	0
	614.61	61461
17c. Add lines 17a and 17b in both columns SUBTOTA	01039	20139
 Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) 	M 010.21	00.31
19. Debts OWED BY the committee (use Schedule D)	-0	
20. Debts OWED TO the committee (use Schedule E)	0	
had been as particular and the first term and a set of the first term and the set of the	emitte insing coloring in at hi	marcon told *

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE CORRECT AND COMOLETE

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	1	of	5	20.5 10

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
Sheldon & Suzanne Phelps 4773 Austin Trace	Contributions: Delirect In-Kind (describe)		as getten bas	9/23/
Zionsuille IN 46077	Other Receipts: Interest Utoan Misc (specify)	250	250	Jack Hart
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)	S PERIO RO	MCFTUBES	THEO ROBI
Contributor's Occupation (if required)	Other Receipts:	O-ST-RAS	DUNT THES	DIMN B CU
3. L.	Contributions: Direct In-Kind (describe)		time to two	the first rep
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	The coop year	on the visco	bevecen selling orans anglised
	Contributions: Direct In-Kind (describe)	6	2 30 30A3 Afor et as	COAT JATOT
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	OM SLUCKTONES	AGES OF S	25036 NO 40900
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (# required)	Other Receipts:			
TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY	5750		
(Enter total on ITEM 15a of the Summary	Sheet)	\$	M CASON S	



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Lauth Property Group	Contributions: Direct In-Kind (describe)	500	200	9/23/
9777 N. Gollege Ave Indps , IN 46280	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	SHEROOLS DIS	ohetracolist :	Jack Hart
Prestige Interiors	Contributions: Direct In-Kind (describe)		A. Gabraria	9/3/3
Vestfield, IN 46014	Other Receipts: Interest Loan Misc (specify)	250	Z50	Jack Hart
A remain a marketing and the seminar which is supplied	Contributions: Direct In-Kind (describe)	e brisilijas, pilo	acto maco	tauk stran
Schen eine de de de la reconstant de la	Other Receipts:		rapona en la sedicación a agricación (S	o žvagosti O žvagost
 a ub another this representation of this A.A. dethed to reposit the 	Contributions: Direct In-Kind (describe)	DICEPTALS SALIA BARBA	ABOAN ALL ATOMORPHIA	TLATOTEU cell a supple
There are not a market from the title of the total and the	Other Receipts: Interest □ Loan □ Misc (specify)	0	MACHEROUS MAA A Asburi	io no engaglia
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED B
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	Other Receipts: Interest Loan Misc (specify)		technologies of S	CEIVELE
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	Other Receipts: Interest □Loan Misc (specify)		ocks Askess	
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Builders Association of Greater Indiana polis	Contributions: Direct In-Kind (describe)	THE TAXABLE		9/23/
PO Box 44670 Indiager polis, IN 46244	Other Receipts:	250	250	Jack Hart
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE NU	FILE NUMBER			
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Page	1	of			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

inter Text of Public Question	PUBL	LIC QUESTION INFORMATION	o mauqu	Messales A Sus no see	go closen sett to	tust art nam
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & trailing ADDRESS (street, number, city, state, ZIP code) ENDORSER'S OR VENDOR NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	fany)	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THI PERIOD
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State Form 4606 (R9 / 11-99) indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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